

NATIONAL Assessment Centre Services

[Part 1 Jan 2005]

SM 0920 CT 000 G

| | | | |
|-----------------------------|--|-----------------------|----------------|
| Date Inc: 29/12/20 16:12 | Job description | Date & Time Completed | Done by |
| Ref No: NAL IMC 20014664164 | SAS e-filing | | |
| Veh No: GW 3811 C | E-mail (within 3hrs, AIC 2hrs) | | |
| DDA: 27/12/20 15:50 | I-Motor Claim Form | MT/1115489 201 | 29/12/20 18:26 |
| (1) (P) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

G8B 6126Y

INC () / Non-INC ()

Tel: (

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date: (

Time: (

Insured/Driver Liability: () % (Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

General Remarks (INC/Non-INC) ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Witness: ()

Police: ()

Other: ()

Remarks: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

Date: ()

Signature: ()

NA2100818

Client/Owner Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Assessor's Comments:

Date:

Invoice/Assessment/Repair/Other Charges

| | | |
|---|------------|--|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$50) | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-Inspection | \$75 | |
| 7) NI: Idao DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| ON: | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | |
| *N6: Repair Co-ordination | \$10 | |
| *N7: Post Repair Inspection | \$25 | |
| *N8: DV / Collect Excess Coordination | \$5 | |
| TP (N11): TP (Non INC) against INC | \$20 | |
| 9) N12: Idao Mobile | \$0 | |

Invoice dated

Fee Charged

Fee Charged

WATSON

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|------------------------|
| Date of Submission | 29/12/2020 16:12 (SGT) |
| Date of Accident | 27/12/2020 15:50 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GW3811C |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | GEE BENG TRADING |
| Company Reg No | 5XXXX600M |
| Email Address | LESTERRR88@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-96306608 |
| Alternative Phone No | +65-96306608 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | 5054181346-08 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LEE GEE BENG |
| NRIC No | SXXXX626D |
| Date Of Birth | 27/05/1960 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 16/01/1978 |
| Driving experience | 42 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96306608 |
| Alt. Phone Number | - |
| Email Address | LESTERRR88@HOTMAIL.COM |
| Address | BLK 218A BOON LAY AVE #07-261 |
| Address complement | - |
| Postcode | 641218 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Other |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 5 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong West Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002689999 |
| Alt. Police Station Phone No | (Fax) +65-62672438 |
| Police Station Address | 700 Corporation Road Singapore 649818 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201227/2089

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | GBB6126Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS7259H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHF512M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBG8716E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|--------------|
| Name of injured person | LEE GEE BENG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | GW3811C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



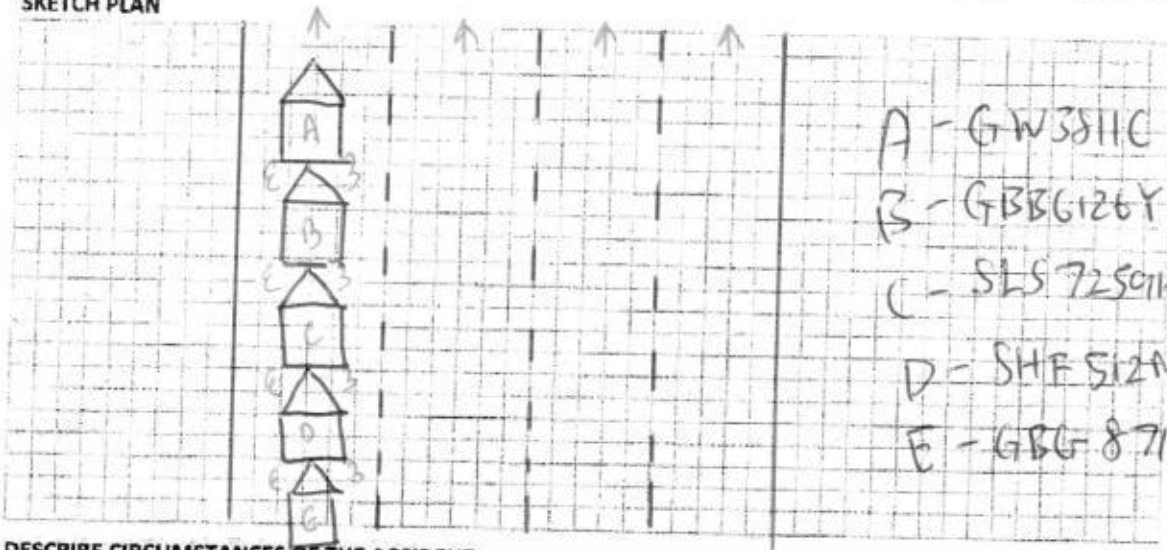
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CTE towards AYE before PIE(changi) exit

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF x0
Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649618
Tel No: 1800-2609999



Report No: T20201227/0145

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/12/2020 22:08

Vide Report No.:
E/20201227/0145

Station Diary No.:
155

Informant's Particulars

Name of Informant:
LEE GEE BENG

Address:
APT BLK 218A BOON LAY AVENUE #07-261 SINGAPORE
641218

ID Type / ID No.:
NRIC NO / S1442626D

Contact No.:
Home/Office: Mobile: 96306608
Email:

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:
Male 60 27/05/1960

Type of Informant:
Driver

Race:
Chinese

Language:
Mandarin

Institution / School Name:

Occupation:
DELIVERYMAN

Driving Licence Information:
Class: 2B,2A,2,3,4,5 Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
27/12/2020 15:50

Type of Location:
T-Junction

Location:

CENTRAL EXPRESSWAY

Weather:
Sunny

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|---|--------|----------------------|-----------------|
| GBB6126Y | Lorry | TOYOTA | DYNA 150 MANUAL 3SEATER | Silver | Seriously Damaged | 1 |
| GBG8716E | Lorry | NISSAN | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 | Silver | Seriously Damaged | 1 |
| GW3811C | Van | TOYOTA | HIACE DIESEL | Green | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201227/2069

2 of 3

Report No: T/20201227/2069

CONTINUATION OF REPORT

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|---------|--|--------|--------------------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SHF512M | TAXI | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red | Totally Damaged | 0 |
| SLS7259H | Car | HONDA | VEZEL HYBRID 1.5X AUTO | Silver | Totally Damaged | 0 |

Brief Details.

On 27/12/2020 at 1550hrs, I was driving my vehicle bearing the plate number V1) GW3811C along CTE towards Changi PIE. My vehicle was in a stationary position as there was a jam ahead of me. Suddenly, I heard a loud bang from the back and my vehicle got hit by V2) GBB6126Y. I went down to take a look and discovered damages on the rear of my vehicle. The rear door was dented and it cannot be opened.

At that point of time, I realized that I got into a chain collision involving 5 vehicles involving V2) GBB6126Y, V3) SLS1259H, V4) SHF512M and V5) GBB6126E. We all checked on one another and no one was injured. Thereafter, we took photographs of the vehicle plate number and I exchanged particulars with V2's driver namely Charles John Peter, G7886243U, HP: 85156841. I then left the scene as a passerby told me that I can leave as no one was injured.

Shortly after, I received a call from traffic police and I was told that V4's driver complaint that he is having heart pain and I had to return.

When I arrived back at scene, I met up with the traffic police and I received a case card report number: E/20201227/0146. Investigation Officer in-charge is Roizman, Tel: 65476131.



SINGAPORE
POLICE FORCE



T/20201227/2089

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20201227/2089

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 KARINA SEAH JIA LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

IP/GIT/

Staff Sgt TAN JUN YAN

Contact No.: 65476311

SN 126

Authentication Stamp

SP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

27/12/2020 22:08

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 27/12/2020 (DD/MM/YY) Time: 3:50pm (HH:MM) |
| Exact location of accident | CTE towards AYE before Pie(chang) exit |

Details of vehicle

| | | | |
|--|---|-------------------------------------|--|
| Vehicle registration number | GW3811C | | |
| Vehicle make and model | Toyota | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | Private use | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> | | |

Insurance information

| | |
|-------------------|---|
| Insurance company | NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|---|---|
| Name | GEE BENG TRADING | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S2560600M | |
| Contact | 96306608 | |
| Address | Blk 218A Boon Lay Ave #07-261 S(641268) | |

Driver

Same as insured above ☐ (skip to D.O.B)

| | | |
|------------------------------|---|--|
| Name | LEE GEE BENG | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1442626D | |
| Contact | 96306608 | |
| Address | Blk 218A Boon Lay Ave #07-261 S(641268) | |
| Email address | Lester888@hotmail.com | |
| Date of birth | 27-05-1960 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | LEE GEE BENG |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | Jurong West NPC |

Third party vehicle 1

| | |
|------------------------------|-------------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | GBB6126Y |
| Vehicle make model | Toyota DYNA |

Third party vehicle 2

| | |
|------------------------------|-----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SLS725914 |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|---------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SHE512M |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | GBG8716E |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | | |
|--|---|--|
| Name | LEE GEE BENGT | |
| Injuries sustained | Neck, back | |
| Which vehicle person in? | GW2811C | |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Injured person 2

| | | |
|--|------------------------------|--|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

| | | |
|--|------------------------------|--|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

| | | |
|--|------------------------------|--|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

27/12/2020 15:47

Vehicle No.(For Motor)

GW3811C

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5054181346-08 | | GEE BENG TRADING | 52560600M | GCV | Third Party | GW3811C | GW3811C | 16/06/2020 | 15/06/2021 |